The Hampden Hippocrat

MEMBER MEDICAL SOCIETY MAGAZINE GROUP

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XVII | MARCH, 1961 | NO. 3

SPRINGFIELD MUNICIPAL HOSPITAL

(See Page 12)

Hampden District Medical Society

Founded 1840

OFFICERS

President . . . . . Alfonso A. Palermo, M. D.
Vice President . . . . . Jerome A. Whitney, M. D.
Secretary . . . . . Ray T. Smith, M. D.
Treasurer . . . . . Howard B. Brown, M. D.

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Ray T. Smith, M. D.	*ex-officio*	Howard B. Brown, M. D.
Henry Burkhardt, M. D.	1961	Samuel Klibanoff, M. D.
Ralph T. Miller, M. D.	1962	George Corcoran, Jr., M. D.
Howard P. Kennedy, M. D.	1963	Ladislaw E. Pfeifer, M. D.

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Public Health . . . . . Norman A. Pokorny, M. D.
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Warren D. Platt, M. D.
Malpractice and Medico-Legal Affairs . . . . Wayne C. Barnes, M. D.
Nominating . . . . . Edward Katz, M. D.
To Committee on Tax-Supported Medical Care . . Harry L. Roberts, M. D.

Chairmen of Special Committees

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Emergency Medical Service . . . . . Peter Zarecki, M. D.
Health and Accident Insurance . . . . . Joseph F. Zielinsky, M. D.
Mental Health . . . . . Olive A. Cooper, M. D.
Rehabilitation . . . . . Edward J. Ferrarone, M. D.
New Headquarters . . . . . Howard B. Brown, M. D.
Disaster Medical Care . . . . . George A. Vassos, M. D.
Representatives on Community Council
Alfonso A. Palermo, M. D. and Jerome A. Whitney, M. D.

The Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
Hippocrates

Published monthly except July and August

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THE HAMPDEN HIPPOCRAT, MARCH, 1961

EDITORIALS

THE NOMINATING COMMITTEE

The Nominating Committee of our District Society consists of three members appointed by the President, for the purpose of presenting a slate of officers at the annual meeting. No ex-officio members serve on this very important committee.

The task of this committee is monumental. It must select and process carefully some thirty-odd candidates for office in the Society. Those selected must meet certain strict criteria because they are to represent us before the public and the government. They are to represent us also in the Councils of our profession. And finally they are to lead us, it is hoped, safely and wisely in these critical years ahead of us.

To meet this challenge the nominees must not only be men of integrity, ability and dedication but must also possess some experience in parliamentary procedure and in the machinery of representative government. Moreover they must be familiar with the nature of organized medicine and especially with the affairs and problems of our Society.

Where is the Nominating Committee to find these paragons? We have a band of faithful and dedicated individuals who have served us for many years in various capacities. We have also a few young men who show interest and promise, but their pool is far too small to provide adequate selection for a Society the size of ours. When less than 50% of our Society can be mobilized by a fine dinner and a heated discussion of socio-economics essential to the professional life of every man in the District, it is hard to see how enough members are going to become interested in the labors of office or committee.

And yet fresh view points are needed which, however, must be tempered with the knowledge and experience of our older members. The tendency in medicine to split into self-contained groups can best be avoided by bringing all the groups into the Society as a whole. The time to stand together is now, and to do so we must elect the best leadership available.

To this end our by-laws provide that the President shall appoint the Nominating Committee at the first meeting following the annual meeting. The purpose is to give the committee ample time and opportunity to assess the candidates properly and to recommend the best qualified nominees to the Society. Before long (if it hasn't already happened) the Nominating Committee will offer many of us nominations for the various Society posts. We must not refuse except for good and valid reasons. Nor must we accept unless we intend to do our best in whatever capacity we are asked to serve.

The job is big, the time short, so let's all step up and be counted.

R.T.M.

YOUR COMMITTEE OF CHOICE

Which committee would you prefer to serve on?

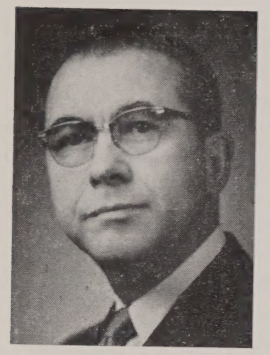
In order to insure not only continuity but also the widest possible participation in Society affairs each member is urged to "sign up" for the committee of his choice.

On the inside of the front cover a complete list of our committees appears. Write down your first and second preferences on a piece of paper, sign it and forward it to Secretary Ray T. Smith, 725 Plumtree Road, Springfield. In so doing you will be rendering a distinct service to your Society and its officers who will give your expressed preference their most serious consideration.

Needless to say that this applies only to committees appointed by the president. The Executive Committee, the Board of Editors, and the Chairmen of the Public Relations and Legislative Committees—all being elective—do not fall into this category.

M.

President's Page



HAMPDEN ON THE MARCH

Hampden District is far from being a *static* Society.

Some idea of the variety and multiplicity of its projects can be gleaned from a partial listing of its activities during the past month.

The Woman's Auxiliary, inspired by the enthusiasm—engendered within our ranks, to equip and furnish our projected new CENTRAL AREA OF OPERATION offers to make curtains and draperies. A letter from President Rose Baker - indicating the Auxiliary members will be glad to form a "little sewing bee"—has been acknowledged and forwarded to Dr. Howard Brown, Chairman of the new HEADQUARTERS Committee. The other MEMBERS of his committee are: Drs. Malcolm Allan, Wayne Barnes and Robert Grugan.

Dr. Ted Miner who was instrumental in establishing the Emergency Medical Service for our District—and who did such a splendid job for several years as chairman—will represent Hampden at a meeting of the Worcester District Society, March 15th, where the problem of EMS will be discussed.

The Westover Air Base, through the office and generosity of Col. Hoffman, has offered to present a one-day-symposium on AEROSPACE Medicine. April 19th is the date. Our appointed representatives—to coordinate, assist, and publicize an excellent program (see page 21) are: Drs. Harry Memery and Garry Hough, III.

We have instituted a Disaster Medical Care Committee, which includes the chairman of the Disaster Medical Care Committee of *every* hospital in Hampden District. This committee is to coordinate its activities with the State Society which has set up a DMC Committee to implement, when necessary, 58 two-hundred-bed-hospitals throughout the State. These hospitals, at present referred to as "Crated Hospitals", are in storage, fully equipped and ready to be set up in case of a widespread disaster. The appointed chairman is Dr. George Vassos who has had a tremendous amount of experience in disaster-medical-care-planning. Others serving with him are: Drs. Franseen, Carpenter, Callahan, Hough III, Putnam, Driscoll, Knowlton, Aborjaily, Tessier, Duffy and Osterheld.

The Springfield Council has set up a Fluoridation-Study Committee, and HDMS has been asked to name two representatives. Drs. William Davis and Eugene Boss, Jr.—two Society members well versed in this subject—I am sure will represent us ably and effectively.

As you see, we have been quite active. This, however, should not deter you from submitting additional projects, ideas, or suggestions to your officers and committee chairmen. Better still, why not present them before the entire Society at its next meeting.

Alfonso A. Palermo, M. D.

ATTENTION COMMITTEE CHAIRMEN!

(FINAL REMINDER)

In order to shorten the coming Annual Meeting the Executive Committee voted that not all annual reports need be presented at that meeting.

Reports which are purely informational in character may instead be published in the Hippocrat. The only two requirements are; (1) that the report not exceed the maximum of 300 words, and (2) that the report reach the desk of the Editor-in-Chief not later than March 20.

These reports will appear in the April issue of the Hippocrat prior to the Annual Meeting, which is scheduled to take place on April 25.

Reports containing "recommendations" will have to be presented at the Annual Meeting.

Chairmen of sub-committees will not present reports at the Annual Meeting. They will report instead to their respective Parent Committees.

Your co-operation is urgently requested.

Ray T. Smith, Secretary

AVOID CONFLICTING MEETINGS

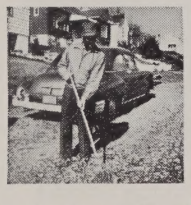
The Annual Meeting of the Massachusetts Medical Society will be held in Boston on May 22, 23 and 24. In order to encourage everybody to attend, members of our District Society are urged to cancel hospital conferences, and to avoid scheduling all other meetings during the three-day period of the State Meeting.

without steroids this arthritic miner might still be spoon-fed

on METICORTEN, he has worked steadily for six years with no serious side effects

J. G.'s rheumatoid arthritis started in 1949 with severe and unremitting pain in his shoulders. Later, his wrists, elbows, feet and hands became involved with swelling and loss of function. By 1951, when he was 45, the patient was helpless and had to be fed and dressed by his wife. He was frequently hospitalized during the next three years. Hydrocortisone failed to make any change in his condition.

On April 2, 1955, the patient was placed on METICORTEN and improved promptly. Two weeks later he stated, "I feel very well now." He was able to go back to work as a mine electrician that year and had no difficulty driving a car.



For the past six years, he has been maintained on METICORTEN 5 mg. two or three times a day. There have been no side effects. The patient has not lost any work time, nor has he had to limit his activities in any way.

Case history courtesy of Joel Goldman, M.D., Johnstown, Pa. These photographs of Dr. Goldman's patient were taken on November 10, 1960.

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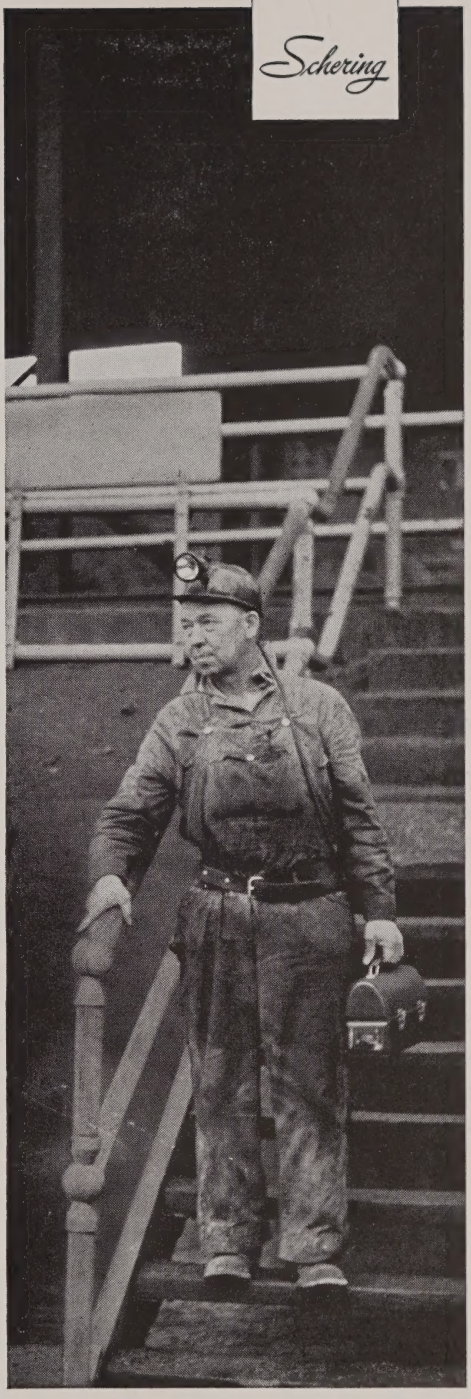

AUXILIARY DOINGS

Doctors' Day - March 30

You Are The Guests of Honor

A red carnation, the official flower which denotes courage, sacrifice, charity and love, will be pinned on the lapel of each physician as he enters the local hospitals on the morning of March 30th. The carnations will be distributed by members of the Woman's Auxiliary to the Hampden District Medical Society under the chairmanship of Mrs. Adrian Delerzan and Mrs. Walter Mozden as a salute to the doctors of this area.

A Doctor's Wife Prayer For Doctors' Day

Dear God, please grant me a full awareness of my responsibilities as a helpmate to my doctor-husband. Help me to cultivate, practice and love the virtue of unselfishness, that he may see in me the perfect wife and helpmate.

Teach me to sacrifice my own plans cheerfully when they are inconsistent with his duties to the sick and afflicted, and, lastly, sustain me in my efforts to shoulder these responsibilities which are mine to bear, that he may be free to minister to those people entrusted to his care.

Amen.

Written by a doctor's wife, Frances E. Ward, and dedicated in honor of Doctors' Day by the Woman's Auxiliary to the Hampden Medical Society.

Mrs. E. J. Nicgorski
Publicity Chairman

Patronize our advertisers and remember to mention the Hippocrat.

REPORT OF PUBLIC HEALTH COMMITTEE

This report is strictly informational.

On January 18, 1961, at a meeting of Drs. Hussey and Lee of the State Department of Health, Dr. Ayres of the Springfield Health Department, and Dr. Joffe and the chairman of your committee, it was determined that the Emergency Ward of each hospital in the district, may be made, at the choice of each hospital, a Poison Control Centre. Each hospital would be required to obtain a copy of "Clinical Toxicology of Commercial Products" by Gleason, Gosselin & Hodge, published by Williams and Wilkins. On request to Dr. Hussey in Boston or Dr. Lee in Amherst, the State Department of Health will supply the card index of supplementary information. Unlisted information and additional assistance can be obtained by telephoning the Poison Center in Boston, or the National Poison Control Center in Washington, D. C.

Norman A. Pokorny, M. D.

P.S. Since the committee does not have representation from Palmer, Westfield, Ludlow and Ware, the quickest and best way to spread this information, it was felt, would be by publishing the above report in the current issue of the Hippocrat.

N.A.P.

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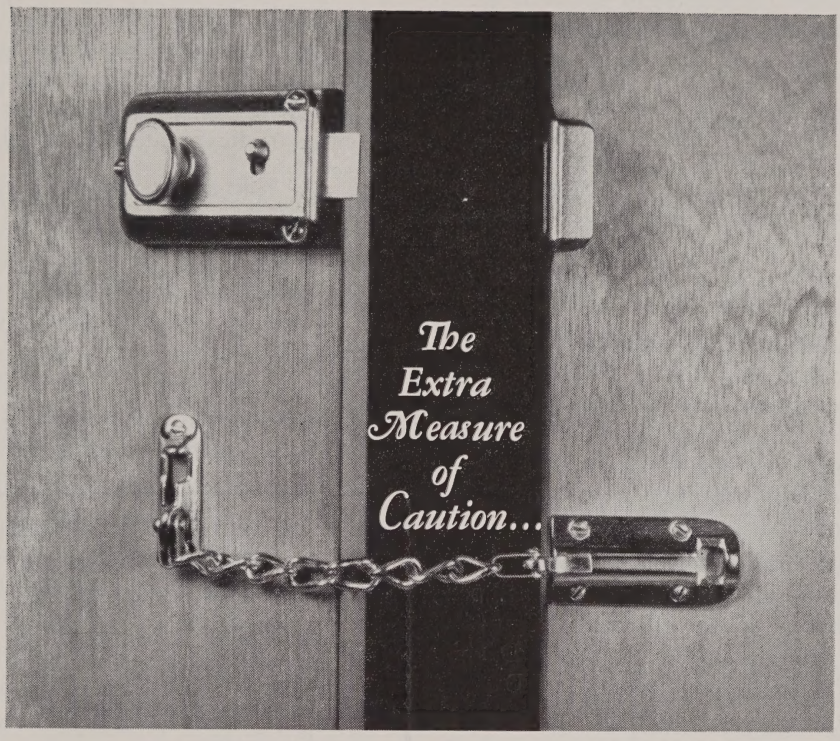

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EXECUTIVE COMMITTEE

The February 21 meeting of the Executive Committee of the H.D.M.S. was called to order by Dr. Palermo at 5:40 P.M. with Drs. Kennedy, Brown, Miller, Corcoran, Pfeiffer, Smith and Whitney attending.

George Vassos, M.D. was appointed Chairman of District Committee on Disaster Medical Care. Dr. Millman, who is a member of the State committee, will serve as liaison member of the state-district societies.

The MMS had requested an opinion concerning the advisability of a National Medical Political Actions Committee. It was felt that without precise knowledge of what this committee will do, we cannot form an opinion.

Two members were appointed to the Fluoridation Committee as per the order of the Common Council, City of Springfield, William Davis, M.D. and Eugene Boss, Jr., M.D.

Dr. Howard Brown was appointed Chairman of the "New Headquarters" Committee with Drs. M. Allen, R. Grugan and W. Barnes. A motion was passed authorizing Dr. Brown to accept bids and submit plans to the Academy of Medicine. The Executive Committee approved an estimate of $1690, subject to approval of the New Headquarters Committee for building a new office. It was suggested a note be included in the Hippocrat requesting donations of office equipment, subject to inspection by the committee.

Dr. Palermo presented a petition submitted to and received from the State Committee on Hospital and Professional Relations asking that the Galupe plan be implemented in several of the local hospitals. Dr. Palermo plans a meeting March 15 of representatives of these hospitals for discussion of the Galupe plan.

Dr. Palermo read a letter from State Senator Mary L. Fonseca relative to his participation in a discussion in Boston of medical education in Massachusetts.

The Executive Committee adjourned and convened as the Grievance Committee. Four cases were considered and the committee found for the patient in one case and for the physician in three cases.

Meeting adjourned at 7:45 P.M.

Respectfully submitted.

Ray T. Smith, Sec.

OUR NEW HEADQUARTERS
(1400 State Street)
NEEDS THE FOLLOWING

(a) Desk
(b) Desk chair
(c) 2 Ordinary chairs
(d) Table
(e) File cabinets
(f) Mimeograph machine

If you can spare, and would like to donate any of the above, contact the Chairman of the Headquarters Committee,

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KERR-MILLS BILL IMPLEMENTED

In view of the fact that Massachusetts is one of the states that implemented the Kerr-Mills Bill (HR12,-580), providing medical assistance to the aged, we will all do well to familiarize ourselves with the major provisions of this Bill.

Who is entitled to benefits?

1. Age over 65 years.
2. May own up to $2000.00, Securities, Savings Deposits or cash.
3. May have an income, after taxes, up to $225.00 a month.
4. May own any amount of real estate, providing they live in it.
5. Must not be recipients of old age assistance.

What are the benefits?

1. Hospital care up to 120 days annually
2. Nursing home service
3. Organized home care
4. Laboartory and X-ray, up to $200 annually
5. Drugs up to $200 annually
6. Private duty nursing care
7. Out-patient hospital service
8. Major Dental care (in hospital)
9. Medical and surgical care, unless hospital is within fifteen miles of any teaching institution, in which case physicians are required to render service without remuneration.

How is K-M Bill financed?

1. By a Federal-State grant-in-aid program
2. The cost to the Federal Government will be between 50 and 65% of total cost of the program, the balance to be paid by the State.

Do the A.M.A. and the M.M.S. support this Bill?

Yes.

Harry L. Roberts, M. D.,
Member, State Committee on
Tax-supported MEDical Care

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IN MEMORIAM

Laurence D. Chapin, M. D.

1880 - 1961

Dr. Laurence D. Chapin of Springfield died on February 7, 1961.

Dr. Chapin was born on November 19, 1880 in Springfield, Mass. He graduated from Harvard College in 1902 and from the Harvard Medical School in 1906. After completing his internship at the Mass. General Hospital, in 1908, he returned to Springfield where he has been in practice ever since.

Dr. Chapin was a member of the American Medical Association, the Mass. Medical Society, the Hampden District Medical Society, and the Springfield Academy of Medicine, where he served as secretary from 1914 to 1920 and as president in 1932. He was also a member of the American College of Physicians and of the Association of Life Insurance Medical Directors of America. He served as officer of several local voluntary health organizations.

Deepest sympathy is extended to the surviving members of his family and associates.

COMING EVENTS

SPRINGFIELD ACADEMY OF MEDICINE, APRIL 11, 1961,
MUNICIPAL HOSPITAL

AMERICAN ACADEMY OF GENERAL PRACTICE, APRIL 17 - 20
MIAMI BEACH, FLORIDA

EXECUTIVE COMMITTEE MEETING, MARCH 21

HAMPDEN DISTRICT MEDICAL SOCIETY, ANNUAL MEETING, APRIL 25

M.M.S. ANNUAL MEETING, BOSTON, MAY 22, 23 and 24

AMERICAN MEDICAL ASSOCIATION, ANNUAL MEETING,
JUNE 26 - 30, NEW YORK CITY

AMERICAN COLLEGE OF PHYSICIANS, MIAMI BEACH, MAY 8 - 12

HEADQUARTERS COMMITTEE

At the January 31 meeting of the District Society the recommendation of the Executive Committee to establish headquarters at the Springfield Municipal Hospital was approved. Following this President Palermo appointed a Building Committee, a listing of which appears on the President's Page.

It is the intention of the Society to use a section of the unfinished portion of the Municipal Hospital for new headquarters of the Hampden District Medical Society. This will be on the second floor with access from the main entrance of the old Isolation Hospital.

It is planned to enclose a section 22' by 12 1/2' with cinder blocks, painting the walls and ceiling and finishing the floor with asphalt tile.

Furnishings have not yet been ordered as it is thought that some valuable equipment might be donated to the Society. We will require a desk, desk chair, two ordinary chairs, a table, file cabinets, and a mimeograph machine.

Final plans will be drawn at a meeting of the building committee which takes place on Monday, the 27th of February.

Howard B. Brown, M. D.,
Chairman

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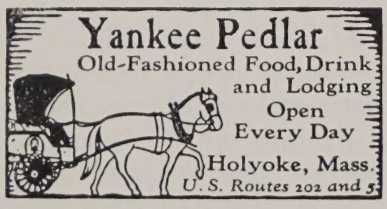

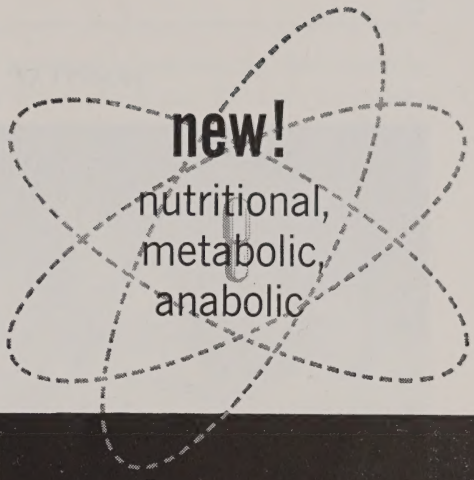

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HOSPITAL CONSTRUCTION

X — Springfield Municipal Hospital

The Springfield Municipal Hospital, under the trusteeship of a board composed of six physicians and the Commissioner of Public Health, was created in 1948. A plan was developed to do away with the physical plant of the old City Infirmary and to replace it with a modern chronic disease facility. Construction of the new plant was begun in 1951, and the first patients were moved into the new facility by 1955. At this time the "isolation hospital" was also made part of the Municipal Hospital. Construction was finally completed in 1957 with the total cost coming to approximately seven million dollars. The Hospital's total bed compliment is 600 beds of which 462 have now been activated.

As the Hospital developed physically, its medical program seemed to fall by the wayside until 1958 when the Board of Trustees took bold steps to revitalize same with a complete reorganization. Moreover, new blood was injected into the Board in 1959 when five new physician members were added. After all this, the Board of Trustees is now determinedly launched in carrying out its mission of providing c o m p r e h e n s i v e medical care in terms of diagnosis, therapy, and rehabilitation to the chronically ill citizens of the City who cannot provide same through their own resources and yet require care to a greater or lesser degree. The Hospital's function is to fill the gap in the management of an illness which is not fulfilled by either an active general

hospital or a good program of home care. More specifically, the Hospital's major function is rehabilitation directed primarily toward improving and increasing patients' mental and physical abilities or maintaining current faculties so that the chronically disabled can live as closely as possible to normal with their disabilities.

To dispel confusion, rehabilitation should be considered on the basis of three levels. One level might be considered as intensive rehabilitation, which is designed for the individual found to have excellent potentialities from the standpoint of motivation, physical impairment, and socioeconomics. Intensive concentration is devoted on such an individual to correct specific deficiencies with an eye to returning him to society as a more or less self-sufficient citizen. Another level might be considered as long term rehabilitation and consists of a concentrated prolonged effort of bringing an individual to as high a plane of activity as possible under full scope of medical, dietary, physical, and occupational therapy. The third level of rehabilitation might be called maintenance rehabilitation which is designed primarily to prevent the inevitable deterioration that accompanies the relatively immobile life of any confined individual. This level of rehabilitation means various recreational and creative activities of occupational therapy, as well as daily active or passive exercises of physical therapy. This type of rehabilitation is intended to prevent the deteriorating influence of inactivity and to satisfy the need for some expression of personal interest and encouragement.

Having this in mind, admission to the Springfield Municipal Hospital is based upon an application, properly filled out by a physician, documenting the existence of a chronic disease which requires active medical care and which cannot be appropriately provided except by admission to a chronic disease hospital. Eligibility for admission is determined by the professional staff of the Hospital after review of a properly completed application. Consideration is also given to the patient's potentialities for discharge or transfer to another facility if and when it is determined that his or her needs can be met equally or better in another facility. Permanent institutionalization is considered only as a last resort when a patient manifests irreversible evidence of degeneration and inability to function in open society.

The requirement of "inability to provide through own resources" is deemed to be satisfied when financial liability for each applicant is properly accepted and certified by the Springfield Dept. of Public Welfare.

Upon admission, each patient is studied and evaluated on the basis of current diagnosis and basic functional needs. Thereupon, a program of management for each is determined, utilizing all the resources of medicine, surgery, dentistry, nursing, diet, phys-

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ical therapy, occupational therapy, and social service that are available in the hospital. Rehabilitation of all levels is prescribed and carried on wherever and whenever possible.

Great strides have already been made in implementing the principles delineated above. A professional staff has been organized to supervise the medical care of the Hospital's patients. The said staff consists of 24 visiting physicians who supervise the overall care of the patients with four full-time house physicians carrying out the direct day to day care. Consultants in most of the sub-specialties are readily available and are frequently utilized. X-ray studies are being carried out regularly under supervision of a qualified radiologist. A physical therapy dept. and an occupational therapy dept. are functioning under qualified technicians and a part-time physiatrist. The pathology dept. has recently been activated so that many common clinical laboratory tests are being carried out. Within recent months, the autopsy rate has risen to 60-80%. An ophthalmological clinic, a dental clinic, and even a chiropody clinic are operating on a part-time basis. It is quite true that some of the activities are only rudimentary, but a beginning has been made. Surgery is still not being performed in the Hospital. Such consultants as a urologist and otorhinolaryngologist are still to be procured. The scope of such already functioning units as physiotherapy and occupational therapy must be enlarged. Since discharge of patients is contemplated, a social service dept. is essential. Because of the shortage of nursing personnel; nursing procedures and technique must be streamlined and additional ancillary nursing personnel trained. Reorganization of hospital services in terms of patients' medical and nursing needs is being contemplated on the basis of three levels: intensive care, intermediate care, and self care. These are but a few of the developments that are being visualized.

The tradition of conveniently tucking the chonically ill, especially the aged, out of sight in special "hospitals" or "poorhouses" where they are allowed to vegetate and sink into complete invalidism can no longer be tolerated. Massive institutionalization is scientifically unsound, economically wasteful, and morally unjust. To foster dependency in any chronic illness is to foster physical, mental, and social deterioration. Permanent institutionalization must be avoided and deferred until such time as there is irreversible evidence of disability and inability to function in open society.

As the Hospital develops its program in accordance with the rational approach discussed earlier, there undoubtedly will be a concurrent evolution of an educational and research program which would complete the accepted triumvirate required to justify the "raison d'etre" of any and all medical care facilities. However, if the Hospital is to develop along these lines, it must be aided, supported, and encouraged by the community and especially by the medical profession.

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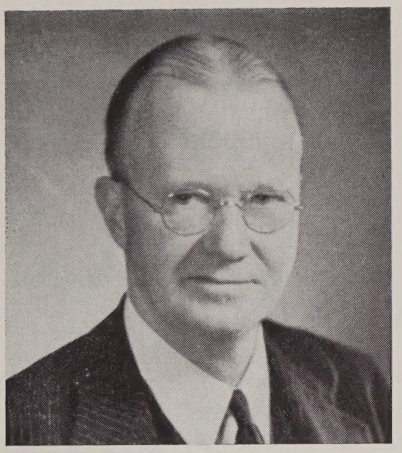

Dr. Joe V. Meigs

April Meeting

At the April 11 meeting of the Springfield Academy of Medicine the speaker will be Dr. Joe V. Meigs, Emeritus Professor of Gynecology, Harvard Medical School and Consulting Surgeon, Mass. General Hospital. His topic will be "Female Genital Cancer". Clinical Conference will be held at the Springfield Hospital, 5 p.m. Topic: "Problems of Genital Prolapse".

May Meeting

On May 9th the Annual Meeting and election of officers will take place. Following this "Grand Rounds #9" (Sound Movie) will be presented. The topic will be:

Gastrointestinal Problems: Medicine, or Surgery?

Clinicians participating in this Grand Rounds:

Dr. Richard B. Cattell, Lahey Clinic
Dr. Philip J. Hodes (Moderator)
Jefferson Medical College
Dr. Franz J. Ingelfinger,
Boston University
Dr. Michael J. Lepore,
Columbia University
Dr. Rodney Maingot,
Royal Free Hospital, London, Eng.
Dr. Richard Schatzki,
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Williams: Textbook of Endocrinology

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On The Ethics of Medicine

Dear Hippocrat:

Hippocrates stated in his Physician's Oath that "I will use treatment to help the sick according to my ability and judgement and never with a view to injury and wrong doing." Even though the Physician's Oath through the years has been codified many times since the 5th Century B.C., its spirit and principles are still valid today.

The Practice of Medicine is a Profession and when we chose this occupation we pledged ourselves to conduct our practice in accordance with its ideals. To do this in today's socio-economic turmoil is exceedingly difficult because of the extreme pressures which are brought to bear upon us. It is very hard at times to distinguish between what is ethical and what is unethical because of these conflicts. There is nothing, for instance, unethical about fee splitting in business. It is considered merely as granting a commission to someone who brings in more business. However, if this is done in our profession it lowers its standards and puts the fee splitter in competition with other physicians who are dealing with human life. Among other possible abuses on fee for service basis there is the temptation to render unnecessary treatment to increase income from fees. Fee for service on the other hand can keep patients away from the doctor simply because they can't afford the fees. Another example of these problems is: "Doctor, I have insurance, please make up the difference by charging the insurance company more money." How frequently is this placed before us as physicians!

As I look around I am convinced that those who get the most out of medicine, and more particularly those who give the most to it are those who love it. Medicine is indeed a profession, not a business—let us keep it this way.

R. H. Levin-Epstein, M.D.

In Support of The Kerr-Mills Bill

Dear Hippocrat:

Before the administration advances new legislation which will further Socialize Medicine, you, who are the A.M.A., should in your own interest write the President of the United States, your Senators, Representatives and Congressmen. Ask them to put into execution the Kerr-Mills Bill. (endorsed by the A.M.A.)

Express your own opinions against Socialized Medicine. Ask friends, patients and family to do likewise—but do it now.

Harry L. Roberts, M.D., Member
Com. Tax-Suported Medical Care

HOW TO WRITE YOUR SENATORS AND CONGRESSMEN

1. Be brief.
2. Be straightforward and sincere, giving your own ideas in your own words. Do not follow a form letter.
3. Be friendly and courteous.
4. Do not use carbon copies. Write each man individually.
5. Sign your letter legibly and always include your address.

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Senate Office Building
Washington, D. C.

Honorable Leverett Saltonstall
United States Senator
141 Senate Office Building
Washington, D. C.

Honorable Edward P. Boland
U. S. Congressman
2nd Hampden District
House Office Building
Washington, D. C.

Honorable Sylvio O. Conte
U. S. Congressman
1st Hampden District
House Office Building
Washington, D. C.

IT IS INTERESTING TO NOTE THAT:

Women have weaker eyes than men. Approximately 48 per cent of women in the 30-34 age group have defective vision compared to only 42 per cent of men. In the 40-50 age group the disparity between the sexes is even more marked. At age 45, for example, 57 per cent of men have poor vision compared to 69 per cent of women—a difference of 12 per cent. Around 50 years old, though, the gap narrows—about 76 per cent of women, and 73 per cent of men, have defective vision.

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MORE ON THE INTERN PROBLEM

Reduction in the number of foreign medical graduates in this country has little to do with the growing number of unfilled hospital house staff positions, a former medical school dean said today.

The unfilled positions result because more internships and residencies have been approved than are really needed or can actually be filled—and not because the number of foreign graduates is decreasing, Willard C. Rappleye, M. D., said in HOSPITALS, Journal of the American Hospital Association.

Dr. Rappleye, now president of the Josiah Macy Jr. Foundation, New York, was formerly dean of Columbia University College of Physicians and Surgeons.

A program to require foreign medical graduates to pass an examination given by the Educational Council for Foreign Medical Graduates is now in effect and has produced the charge that its implementation will produce a deficit in the number of physicians available to fill house staff positions in United States hospitals.

Approximately 12,000 foreign graduates now occupy about 33 per cent of the house staff positions in the country, he said.

The Educational Council for Foreign Graduates, supported by several major medical, hospital and health organizations, was set up to promote educational opportunities for foreign graduates and to make sure that they reach a level of attainment comparable to graduates of United States schools.

Qualification tests have been given at intervals both in the United States and abroad. The most recent test in September 1960, was taken by 8,713 graduates, of whom 71 per cent were certified.

The American Medical Association and the American Hospital Association ruled that as of December 31, 1960, hospitals must remove unlicensed or uncertified graduates from patient care situations or face loss of approval. The physicians who were removed from patient care situations may take the next examination, scheduled for April 4. In the meantime, many hospitals have set up educational courses for these physicians, with the aim of preparing them for the examination.

The real problem of house staff positions lies in the fact that the number of available internships (13,032) and residencies (30,733) far exceed

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the number of graduates of American medical schools (7,081 in 1960). And too many of the positions, according to Dr. Rappleye, are now "intended and designed more as service functions for the staff and hospital than for education purposes," there real function.

Internship and residency programs must be turned into real educational programs — both for graduates of American and foreign medical schools. The programs for foreign graduates urgently need a "long-term", imaginative approach," especially in terms of meeting America's promises of aid to under-developed countries, he continued.

Most foreign graduates are expected to return home, where they will organize and improve medical education and service. Thus their educational programs here should be geared to such an aim, Dr. Rappleye said.

The over-all question of staffing American hospitals must also be solved. Temporarily, it may be necessary for hospitals to set up rotating programs whereby the attending physicians remain on call for the entire hospital on weekends and nights.

The most logical solution to the problem, Dr. Rappleye believes, is "probably employment of well qualified recent graduates on a full-time or part-time basis by the hospitals". Such young physicians can remain in the positions for several years while establishing themselves in the community.

By having staff members, the intern and residency program can then become truly educational programs, he said.

American Hospital Ass'n.
February 16, 1961

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FEAR OF SUITS SWAYS THERAPY, POLL SHOWS

Physicians are allowing the fear of malpractice suits to influence the management of their patients.

That was the conclusion reached by the Boston University Law-Medicine Research Institute as the result of a survey. The study, which polled one of every ten general practitioners in Massachusetts and a similar percentage in each of the specialty fields, found that the threat of litigation produced these effects:

Many physicians are increasingly reluctant to accept patients known to have sued before; "doctor shoppers" who go from one physician to another; alcoholics; and bad credit risks.

General practitioners now tend to avoid performing minor surgery or even assisting in operation. Many are refusing to handle their own X-ray work and are referring fracture cases.

Use of X-rays and laboratory analyses is increasing because physicians want a "tangible record" in case they are sued. General practitioners are also consulting specialists more frequently because an authoritative opinion is a handy courtroom asset. One GP queried in the survey said that he consults a specialist in all cases in which the prognosis is bad.

The Institute points out that the routine use of these precautions is adding to the patient's medical bill thereby making the public as well as the medical profession a victim of excessive litigation.

More paper work is another effect of the high incidence of malpractice suits, the University researchers found. Physicians increasingly tend to put almost everything in writing "for the record." They pay more scrupulous attention in compiling consent forms for treating minors, autopsy permits, appointment cards, detailed case histories and treatment cards.

Write, Don't Phone

Many reported that they no longer telephone prescriptions to the druggist but insist on writing them and they take particular care to document the treatment of patients who seem "uncooperative".

Physicians told the Institute that now more than ever they take pains to explain to the patient and his family the nature of the illness and the treatment prescribed. This is particularly true, they said, where the therapy is potentially dangerous.

More than ever before physicians are adhering to the rule that "well-informed, satisfied patients seldom sue".

One physician summed up his cautious approach this way: "I take care in what I do, what I say, and how I say it".

Even with all the precautions in patient management the physicians emphasized that they do not feel safe without an adequate malpractice insurance.

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April 19, 1961

1:00 P.M. — Col. Hoffman
Introductory Talk

1:30 P.M. — Dr. Cavallino
Effects of Decreased Partial Pressure of Oxygen on Respiratory Physiology

2:00 P.M. — Dr. Sweeney
Effects of Decreased Barometric Pressure (Dysbarism or Decompression Sickness)

2:30 P.M. — 10 Minute coffee break

2:40 P.M. — Major Shea
Noise, Vibration, and Temperature

3:25 P.M. — Dr. Wiley
The Patient in Flight

3:45 P.M. — 10 Minute coffee break

3:55 P.M. — Colonel Archie Hoffman
Cardiology in Aviation

4:40 P.M. — Question on any of the above

5:00-6:00 P.M. — Cocktail hour

6:00-7:00 P.M. — Dinner

7:00 P.M. —
Welcome by General Sweeney

7:10 P.M. — Film "Man in Space"

7:25 P.M. — Colonel George Knauf
Subject: "Man in Space"

Final Program will appear in the April issue of the Hippocrat.

HIGHLIGHTS OF COUNCIL MEETING

The Council of the Massachusetts Medical Society met on February 1, 1961 in John Ware Hall of the Boston Medical Library. As usual the meeting was delayed a bit by the absence of a quorum.

An obituary to the late Frank Ober, a past president of the Society, was read. Requests for suspension of rules so that new business might be acted on without referral to committee were received. A series of informational reports from Committees on State Legislation, Tax Supported Medical Care, Administration & Finance, Publications, Hospital and Professional Relations, Industrial Health, Society Headquarters, Insurance & Investment Problems, Prevention of Traffic Accidents, Disaster Medical Care, Delegates to American Medical Association, Joint Medical & Bar Association, and voting members of Blue Shield were heard and rapidly accepted.

The Committee on Public Relations presented a resolution that increased effort in Public Relations be stimulated by authorizing the Director, Mr. Spencer, to increase his staff. After much debate in which it was pointed out that the real need in Public Relations was at the grass roots in the Districts. It was decided to grant permission to Mr. Spencer, to have an assistant to assist the District Societies with their Public Relations programs.

The Committee on By-Laws and Council Rules presented certain changes in the By-Laws to bring them in line with resolutions adopted by Council since the last revision. As section on Medical Defense which was objected to by Councilors of Hampden was

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withdrawn for further study.

The Budget was then taken up and passed and the meeting adjourned for the Cutting luncheon, during which several committee meetings took place.

A resolution that the Massachusetts Medical Society sponsor legislation calling for the establishment of a hospital for study and treatment of drug addiction, was accepted with the provision that an advisory committee be appointed to help with the project.

The resolution of the Committee on Pooled Funds asking for a staff to carry on and expand its work was withdrawn before debate, but drew much criticism from Council. It was felt by some that they had set-up their own fee schedule and had by-passed the committees of Blue Shield, Public Relations, and Ethics and Discipline. In spite of criticism it was generally felt that the committee was doing a good job and should receive secretarial help from the office of the Secretary of the Society. It was also mentioned that the committee would receive complaints from doctors against insurance companies and Blue Shield in addition to complaints against doctors by these organizations.

New business was then taken up, and a resolution from Hampden District that Alternates to the Legislative and Public Relations Councilors be authorized was referred to the Committtee on By-Laws and Council Rules.

A request for a contribution of $5,000.00 for five years to the Hall of Medicine at the Museum of Science was referred to the Committee on Public Relations.

A resolution from Plymouth District that the Delegates to the A.M.A. be instructed to vote for Social Security for physicians met with the statement that Delegates from the Massachusetts Medical Society had consistently voted for Social Security at the conventions of the A.M.A. but that

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delegates from other states, constituting a majority voted against it.

A resolution from Charles River District that the image of the A.M.A. held by the public be examined, was received.

A resolution from Worcester District that the appointment of Wilbur J. Cohen as Assistant Secretary of Health, Education and Welfare be vigorously opposed, was voted. Dr. Cohen is an advocate of socialized medicine and has worked in the Social Security Department in Washington for that purpose during prior administrations.

A resolution from Bristol South opposing the inclusion of foreign medical graduates in the intern matching program was passed.

A resolution from Charles River relative to the remuneration of Scrub Nurses hired by doctors, nurse anaesthesists etc. was referred to committee.

A request that the Massachusetts Medical Society comment on the A.M.A. forming a National Political Action Committee was received.

Meeting adjourned at 4:35 p.m.

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1. Macy, I. G.; Kelly, H. J., and Sloan, R. E.; with the Consultation of the Committee on Maternal and Child Feeding of the Food and Nutrition Board, National Research Council: The Composition of Milks, Publication 254, National Academy of Sciences and National Research Council, Revised 1953. 2. Brown, G. W.; Tuholski, J. M.; Sauer, L. W.; Minsk, L. D., and Rosenstern, I.: Evaluation of Prepared Milks in Infant Nutrition; Use of the Latin Square Technique, J. Pediat. 56:391 (Mar.) 1960.

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